

IPDR6702		NORTH CAROLINA			PAGE: 1		
RUN DATE: 07/24/2005		IPRS CHECKWRITE SUMMARY REPORT					
		CHECKWRITE DATE: 07/28/2005					
		FINANCIAL PAYER: NCDMM					
						TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED
3404901	SMOKY MOUNTAIN H/DD/SAS	8645	14	CLAIM DENIED/ MAXIMUM ALLOWED 2 6 OCCURRENCES PROCESSED AND PAID, PA IS REQUIRED.			
		0	0		0	14	1772
							1758
3404904	WESTERN HIGHLAN DS LME	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	50
							50
3404910	PATHWAYS	23	3442	SERVICE REQUIRES PRIOR APPROVA L			
		11	72	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	3514	3522
							5
3404912	CATAWBA COUNTYM ENTAL HEALT	11	132	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		8931	7	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	7	150	704
							554
		8599	6	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
3404913	MECKLENBURG COM ENTAL HEALT	11	746	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		8599	504	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	68	1392	2961
							1569
		8935	66	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.			
3404916	CROSSROADS BENA VIOBAL HEAL	11	29	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		0	0		0	29	39
							10
3404917	CENTERPOINT HUM AN SERVICES	11	104	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		8599	41	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	210	2950
							2740
		21	33	DUPLICATE OF CLAIM-SYSTEM			
3404919	GUILFORD CO MEN TAL HEALTHC	8599	202	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		8931	15	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	15	243	8258
							8015
		21	8	DUPLICATE OF CLAIM-SYSTEM			

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404920	ALAMANCE CASWEL	8599	969	DETAIL NOT COVERED BY COMBINAT				
	L AREA MH D			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8000	61	NO RATE AVAILABLE ON FILE TO P	10	1226	14930	13704
				RICE THIS CLAIM DETAIL				
		8329	45	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				
3404921	ORANGE PERSON C	8599	256	DETAIL NOT COVERED BY COMBINAT				
	HATHAM AREA			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		167	56	NO CHARGE BILLED. ENTER BILLED	34	461	2439	1978
				AMOUNT AND SUBMIT DETAIL AS				
				A NEW CLAIM				
		21	52	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT	21	405	DUPLICATE OF CLAIM-SYSTEM				
	ER							
		8599	143	DETAIL NOT COVERED BY COMBINAT	0	784	4120	3336
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	119	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404923	FIVE COUNTY MH	23	382	SERVICE REQUIRES PRIOR APPROVA				
				L				
		11	14	CLIENT NOT ELIGIBLE ON SERVICE	0	423	1139	716
				DATE				
		191	7	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404925	SANDHILLS CENTE	120	728	CLIENT ID NUMBER MISSING OR IN				
	R FOR MH/DD			VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		21	619	DUPLICATE OF CLAIM-SYSTEM	10	2201	9302	7101
		8599	557	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE	11	788	CLIENT NOT ELIGIBLE ON SERVICE				
	G MENTAL HL			DATE				
		23	314	SERVICE REQUIRES PRIOR APPROVA	1	1103	1134	31
				L				
		8931	1	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404927	CUMBERLAND CO M	11	6	CLIENT NOT ELIGIBLE ON SERVICE				
	HC			DATE				
		8599	1	DETAIL NOT COVERED BY COMBINAT	0	7	26	19
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY	8931	2	AMTNC INELIGIBLE TO RECEIVE SE				
	MNPL HLTHC			RVICES IN IPRS.				
		8599	1	DETAIL NOT COVERED BY COMBINAT	2	3	34	31
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404931	WAKE CO HUM SVC BILLING OF	8599	385	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	165	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	311	1122	14416	13294
		8935	138	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404932	RANDOLPH/SANDHI LLS CO MR C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	8931	7	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	6	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	7	14	487	473
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404934	ONSLow CARTERET BEHAV HEAL	8599	83	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8329	47	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	11	188	590	402
		21	17	DUPLICATE OF CLAIM-SYSTEM				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8952	61	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION				
		8931	30	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	32	97	2887	2790
		8651	2	ONLY FOUR UNITS ALLOWED PER MO NTH				
3404937	EDGEcombe NASH MNTL HLTH C	21	139	DUPLICATE OF CLAIM-SYSTEM				
		5404	4	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	0	148	374	226
		8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404939	NEUSE MENTAL HE ALTH CENTER	11	75	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	22	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	5	158	1592	1434
		191	18	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404941	FITT CO MH/DD/S	21	669	DUPLICATE OF CLAIM-SYSTEM				
	AS CENTER							
		8599	622	DETAIL NOT COVERED BY COMBINAT	40	1780	3779	1999
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8329	210	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				
3404942	ROANOKE CHOWANH	11	2	CLIENT NOT ELIGIBLE ON SERVICE				
	UMAN SERVIC			DATE				
		0	0		0	2	2	0
3404943	ALBEMARLE MENTA	5404	34	SEVERE DUPLICATE: SAME ATTD PR				
	L HEALTH CE			OV/PCODE/TOS/DOS/MOD				
		8931	32	AMTNC INELIGIBLE TO RECEIVE SE	66	165	1991	1826
				RVICES IN IPFS.				
		8935	28	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPFS.				
3404944	EASTPOINTE HUMA	21	99	DUPLICATE OF CLAIM-SYSTEM				
	N SERVICES							
		8599	59	DETAIL NOT COVERED BY COMBINAT	7	168	1835	1667
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	7	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPFS.				
3404946	FOOTHILLS AREAM	21	5440	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
		5404	432	SEVERE DUPLICATE: SAME ATTD PR	206	7162	17694	10532
				OV/PCODE/TOS/DOS/MOD				
		8599	402	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404957	TIDELAND MENTAL	8599	27	DETAIL NOT COVERED BY COMBINAT				
	HEALTH CTR			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	14	DUPLICATE OF CLAIM-SYSTEM	4	51	871	820
		8622	5	60 RESIDENTIAL LEVEL II TREATM				
				ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404979	NEW RIVER AREAM	11	1114	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SA PRO			DATE				
		8599	13	DETAIL NOT COVERED BY COMBINAT	6	1141	1478	337
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	6	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPFS.				